

295912- Posted 12/10/20
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STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's LimoBEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER:

2020-291-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Upstate MedTrans LLC

Telephone: 864-764-5445

Address: P.O. Box 160288

Fax:

Boiling Springs, SC 29316

Other:

Email: admin@upstatemedtrans.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED
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PSC SC
CLERK'S OFFICE
js

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100

Columbia, South Carolina 29210

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 12/10/2020

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Upstate MedTrans LLC
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

186 S Blackstock Rd, Spartanburg, SC 29301

Street Address of Applicant

P.O. Box 160288 Boiling Springs, SC 29316

Mailing Address of Applicant (if different from street address)

864-764-5445

Phone

Fax

admin@upstatemedtrans.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☒ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Corando Garris III - 186 S Blackstock Rd, Spartanburg, SC 29301

Adam Garris - 1104 Springfield Rd, Boiling Springs, SC 29316

Tobe Tinsley - 401 Hauge Dr, Duncan, SC 29334

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

Assets:

Value of Real Estate	\$104,000.00
Value of Motor Vehicles	\$20,000.00
Cash on Hand	
Cash in Bank	\$6,000.00
Value of Other Assets and Equipment	\$4,200.00
Total Assets	\$134,200.00

Liabilities:

Mortgage/Loan on Real Estate	
Loans Owed on Motor Vehicles	\$16,617.60
Business/Other Loans Owed	
Other Liabilities or Debts	
Total Liabilities	\$16,617.60

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

Standard Transport \$145.00 a trip

Bariatric Transport \$175.00 a trip

No charge to carry wheelchair

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|--|--|--|---|---|
| <input type="checkbox"/> Abbeville | <input checked="" type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input checked="" type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input checked="" type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input checked="" type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input checked="" type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input checked="" type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input checked="" type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input checked="" type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
- ☐ 8-15 Passengers, including driver

WHEEL-
CHAIR
LIFT

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
Dodge	2019 Grand Caravan	2C4RDGCG6KR543889	4,321 to 4,483 lbs	

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Adam Garris

Name of Applicant

1104 Springfield Rd, Boiling Springs, SC 29316

Address of Applicant

Amount of Premium:

Liability Insurance \$ \$839.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurance	\$ 1,000,000	\$1,000,000.00
Medical Payments per Person	\$ 1,000	\$15,000.00

NEXT INSURANCE

Name of Insurance Company

409 Sherman Ave, Palo Alto, CA 94306

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

Upstate MedTrans LLC

Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes

☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes

☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes

☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes

☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

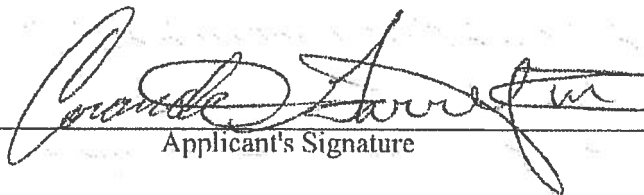
Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Applicant's Signature

Owner

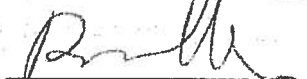
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)

COUNTY OF SPARTANBURG)

SWORN TO BEFORE ME

This 10 day of Dec, 20 20



Notary Public

Commission Expires

11.24.2028



Brad Rawson
NOTARY PUBLIC, STATE OF SOUTH CAROLINA
My Commission Expires 11/24/2028

Print Application

Upstate MedTran LLC



Quote Proposal

Helping entrepreneurs thrive with small business insurance that is:



Simple

We offer quotes to coverage in less than 10 minutes, 100% online



Tailored

Proprietary technology that expertly designs policies



Affordable

We give quality, comprehensive coverage artisan contractors need

Who is Next Insurance?

Next Insurance is passionate about making the lives of small business owners easier. We all strive to make the product and experience better for you, our customers. When you start a business, you're placing a huge bet on yourself. A bet on your ideas. On your passion. Your blood, your sweat and tears. We created Next Insurance to give your business the edge it deserves. Simple, affordable and transparent insurance plans tailored to your specific industry. You want the confidence of great coverage exactly where you need it. Your business is on a very unique mission. Finally, there's an insurance partner that understands that.

How does Next Insurance help agents?

Unlimited COIs

Your new job tomorrow morning requires a Certificate of Insurance? No problem! Go online to our customer portal, and add an Additional Insured online. You can then download as many Certificates of Insurance as needed—for free, 24/7.

No finance fees

No fees for cancellations, late payment or certificates of insurance. Your monthly or annual payment is the only payment.

Online customer account

We're here if you need to file a claim, update your information, or ask a question. And we know you're busy, so we've made sure to have as many options online as possible.

Our investors are the biggest names in the industry



Munich RE



Upstate MedTrans LLC

Advisors Insurance Agency LLC
 Stewart Hudspeth
 STEWART@ADVISORSINSURANCEAGENCY.COM
 8645090009

Quote for Transportation, Storage, and Distribution Managers

Hi Adam,

Below are the following quotes for your Transportation, Storage, and Distribution Managers policy from Next Insurance created on December 9, 2020:

Name	Email Address
Adam Garriss	admin@upstatemedtrans.com
Business Name	COB
Upstate MedTrans, LLC	Transportation, Storage, and Distribution Managers

PLANS	LOWEST PRICE	MOST POPULAR	BEST COVERAGE
Total Yearly Price	\$680.00	\$821.00	\$839.00
Total Monthly Price	\$56.67	\$68.42	\$69.92
*First and last month due at purchase	\$113.34	\$136.84	\$139.84

Pricing and coverages prior to purchase will automatically update to reflect Next's most current underwriting guidelines.

Coverages included in this package

- General Liability

See next page to view limit details for each coverage

The Next Insurance Advantage

Next Insurance is a diverse and strong team of engineers, designers, insurance advisors, and product managers who are passionate about making the lives of small business owners easier. We all strive to make our products simple, tailored, and affordable:

- Get 24/7 policyholder online portal access
- Add unlimited additional insureds for free
- Send certificates of insurance instantly to anyone
- Option to pay monthly at no extra cost
- Get a policy tailored around your needs
- Cancel anytime with no further charges

See next page to view limit details for each coverage

Upstate Med Trans LLC

Your General Liability Coverage Details

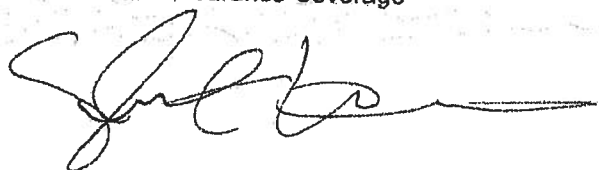
GENERAL LIABILITY	BASIC	PRO	PRO PLUS
Yearly Price	\$680.00	\$821.00	\$839.00
Monthly Price	\$56.67	\$68.42	\$69.92
*First and last month due at purchase	\$113.34	\$136.84	\$139.84
COVERAGE DETAILS			
Rented Premises Damage	\$100,000.00	\$100,000.00	\$100,000.00
General Aggregate	\$500,000.00	\$1,000,000.00	\$2,000,000.00
Per Occurrence	\$500,000.00	\$1,000,000.00	\$1,000,000.00
Medical Expense	\$5,000.00	\$10,000.00	\$15,000.00
Personal Injury	\$500,000.00	\$1,000,000.00	\$1,000,000.00
Products Completed	\$500,000.00	\$1,000,000.00	\$2,000,000.00
PROFESSIONAL LIABILITY			
General Aggregate			
Deductible			
Per Occurrence			

General Liability

Upstate MedTrans LLC

SCHEDULE OF POLICY FORMS AND ENDORSEMENTS

<u>Title</u>	<u>Form Number and Edition Date</u>
Policy Jacket	NXT-0003 IL 0619
Signature Page	NXT-0001 IL 1017
Common Policy Declarations	NXUS-GL-0003.1-0619
Calculation Of Premium	IL 00 03 09 08
Common Policy Conditions	IL 00 17 11 98
Nuclear Energy Liability Exclusion Endorsement (Broad Form)	IL 00 21 09 08
South Carolina Changes - Cancellation and Nonrenewal	IL 02 49 07 19
Commercial General Liability Declarations	NXUS-GL-0001.1-0619
Commercial General Liability Coverage Form	CG 00 01 04 13
Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - With Limited Bodily Injury Exception	CG 21 06 05 14
Exclusion - Unmanned Aircraft	CG 21 09 06 15
Communicable Disease Exclusion	CG 21 32 05 09
Exclusion - Designated Products	CG 21 33 11 85
Limitation Of Coverage To Designated Premises, Project Or Operation	CG 21 44 04 17
Employment-Related Practices Exclusion	CG 21 47 12 07
Total Pollution Exclusion Endorsement	CG 21 49 09 99
Amendment Of Liquor Liability Exclusion	CG 21 50 04 13
Fungi Or Bacteria Exclusion	CG 21 67 12 04
Exclusion Of Certified Acts Of Terrorism	CG 21 73 01 15
Silica Or Silica-Related Dust Exclusion	CG 21 96 03 05
Exclusion - Damage To Work Performed By Subcontractors On Your Behalf	CG 22 94 10 01
Exclusion - Assault and Battery	NXUS-GL-2005.1-0318
Exclusion - Continuous or Progressive Injury and Damage	NXUS-GL-2014.1-0218
Exclusion - Cross Suits	NXUS-GL-2015.1-0218
Exclusion - Bodily Injury to Employees	NXUS-GL-2016.1-0218
Exclusion - Lead	NXUS-GL-2017.1-0218
Exclusion - Asbestos	NXUS-GL-2018.1-0218
Exclusion - Prior Damages	NXUS-GL-2019.1-0218
Exclusion - Non-Compensatory Damages	NXUS-GL-2021.1-0218
OFAC U.S. Economic and Trade Sanctions Limitations Clause	NXUS-GL-2026.1-0218
Blanket Additional Insured	NXUS-GL-2037.1-0218
Exclusion - Sexually Transmitted Diseases	NXUS-GL-2038.1-0218
Abuse or Molestation Exclusion	NXUS-GL-2052.1-0218
Exclusion - Pre-Existing Damages Or Injury	NXUS-GL-2056.1-0818
Unintentional Errors and Omission, Knowledge and Notice of Occurrence	NXUS-GL-2059.1-0218
Contractor/Subcontractor Insurance Requirements	NXUS-GL-2074.1-0418
Additional Insured - Automatic Status	NXUS-GL-2075.1-0619
Foreign Drywall Contaminants Exclusion	NXUS-GL-2080.1-0218
Exclusions Applicable to Sports/Leisure/Entertainment Activities and Devices	NXUS-GL-2088.1-0218
Exclusion - Activities Or Operations Performed By Non-Disclosed Employee	NXUS-GL-2103.1-1219
South Carolina Changes - Amendment of Occurrence Definition	NXT-A01 GL SC 0118
Exclusion Of Punitive Damages Related To A Certified Act Of Terrorism	CG 21 76 01 15
Notice of Terrorism Insurance Coverage	NXUS-GL-8001.1-0418



Stewart Hudspeth

LICENSE # 579554

ADVISORS INSURANCE AGENCY

494 GALLINGTON RO.

GREENVILLE SC 29615

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

UPSTATE MEDTRANS LLC, a limited liability company duly organized under the laws of the State of South Carolina on September 9th, 2020, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 10th day
of December, 2020.

A handwritten signature in black ink that reads "Mark Hammond".
Mark Hammond, Secretary of State